



Reprinted
January 25, 2005

HOUSE BILL No. 1075

DIGEST OF HB 1075 (Updated January 24, 2005 4:35 pm - DI 97)

Citations Affected: IC 27-8; noncode.

Synopsis: Health insurance waivers. Provides that an individual policy of accident and sickness insurance and certain association and discretionary group policies of accident and sickness insurance may contain a waiver of coverage for a specified condition if certain requirements are met. Specifies that an offer of coverage under a policy that includes a waiver does not preclude eligibility for a comprehensive health insurance association policy.

Effective: July 1, 2005.

Torr, Brown C, Burton, Ripley

January 6, 2005, read first time and referred to Committee on Insurance.
January 13, 2005, amended, reported — Do Pass.
January 24, 2005, read second time, amended, ordered engrossed.

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HB 1075—LS 6834/DI 97+



First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

HOUSE BILL No. 1075

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 27-8-5-2.7 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2005]: **Sec. 2.7. (a) Notwithstanding section 2.5 of this chapter,**
4 **an individual policy of accident and sickness insurance may**
5 **contain a waiver of coverage for a specified condition and any**
6 **complications that arise from the specified condition if all of the**
7 **following conditions are met:**

8 **(1) The insurer provides to the applicant before issuance of**
9 **the policy written notice explaining the waiver of coverage for**
10 **the specified condition and complications arising from the**
11 **specified condition.**

12 **(2) The:**

13 **(A) offer of coverage; and**

14 **(B) policy;**

15 **include the waiver in a separate section stating in bold print**
16 **that the applicant is receiving coverage with an exception for**
17 **the waived condition.**



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1 (3) The:

2 (A) offer of coverage; and

3 (B) policy;

4 do not include more than two (2) waivers per individual.

5 (4) The waiver period is concurrent with and not in addition
6 to any applicable preexisting condition limitation or
7 exclusionary period.

8 (5) The insurer agrees to review the waiver upon request if:

9 (A) the individual to whom the waiver applies has not
10 received medical advice, diagnosis, care, or treatment
11 related to the waived condition; and

12 (B) no recommendation has been made to the individual to
13 whom the waiver applies that the individual should receive
14 medical advice, diagnosis, care, or treatment related to the
15 waived condition;

16 for at least two (2) years.

17 (6) The insurer discloses to the applicant that the applicant
18 may decline the offer of coverage and apply for a policy issued
19 by the Indiana comprehensive health insurance association
20 under IC 27-8-10.

21 (7) An insurance benefit card issued by the insurer to the
22 applicant includes a telephone number for verification of
23 coverage waived.

24 The insurer shall require an applicant to initial the written notice
25 provided under subdivision (1) and the waiver included in the offer
26 of coverage and in the policy under subdivision (2) to acknowledge
27 acceptance of the waiver of coverage. An offer of coverage under
28 a policy that includes a waiver under this subsection does not
29 preclude eligibility for an Indiana comprehensive health insurance
30 association policy under IC 27-8-10-5.1.

31 (b) Notwithstanding subsection (a):

32 (1) an individual policy of accident and sickness insurance
33 may not include a waiver of coverage for:

34 (A) a mental health condition;

35 (B) a developmental disability; or

36 (C) diabetes as required under IC 27-8-14.5; and

37 (2) an insurer that issues an individual policy of accident and
38 sickness insurance shall comply with the requirements
39 concerning victims of abuse under IC 27-8-24.3.

40 SECTION 2. IC 27-8-5-19.3 IS ADDED TO THE INDIANA CODE
41 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
42 1, 2005]: Sec. 19.3. (a) This section applies to an association or a

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discretionary group policy of accident and sickness insurance:

- (1) under which a certificate of coverage is issued to an individual member of the association or discretionary group;
- (2) under which a member of the association or discretionary group is individually underwritten; and
- (3) that is not employer based.

(b) Notwithstanding sections 19 and 19.2 of this chapter, a policy described in subsection (a) may contain a waiver of coverage for a specified condition and any complications that arise from the specified condition if all of the following conditions are met:

- (1) The insurer provides to the applicant before issuance of the policy written notice explaining the waiver of coverage for the specified condition and complications arising from the specified condition.

(2) The:

- (A) offer of coverage; and
- (B) certificate of coverage;

include the waiver in a separate section stating in bold print that the applicant is receiving coverage with an exception for the waived condition.

(3) The:

- (A) offer of coverage; and
- (B) certificate of coverage;

do not include more than two (2) waivers per individual.

(4) The waiver period is concurrent with and not in addition to any applicable preexisting condition limitation or exclusionary period.

(5) The insurer agrees to review the waiver upon request if:

- (A) the individual to whom the waiver applies has not received medical advice, diagnosis, care, or treatment related to the waived condition; and

(B) no recommendation has been made to the individual to whom the waiver applies that the individual should receive medical advice, diagnosis, care, or treatment related to the waived condition;

for at least two (2) years.

(6) The insurer discloses to the applicant that the applicant may decline the offer of coverage, and that any individual to whom the waiver would have applied may apply for a policy issued by the Indiana comprehensive health insurance association under IC 27-8-10.

(7) An insurance benefit card issued by the insurer to the

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applicant includes a telephone number for verification of coverage waived.

(c) The insurer shall require an applicant to initial the written notice provided under subsection (b)(1) and the waiver included in the offer of coverage and in the certificate of coverage under subsection (b)(2) to acknowledge acceptance of the waiver of coverage.

(d) An offer of coverage under a policy that includes a waiver under this section does not preclude eligibility for an Indiana comprehensive health insurance association policy under IC 27-8-10-5.1.

(e) Notwithstanding subsection (b):

(1) a policy described in subsection (a) may not include a waiver of coverage for:

(A) a mental health condition;

(B) a developmental disability; or

(C) diabetes as required under IC 27-8-14.5; and

(2) an insurer that issues a policy described in subsection (a) shall comply with the requirements concerning victims of abuse under IC 27-8-24.3.

SECTION 3. IC 27-8-10-5.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 5.1. (a) A person is not eligible for an association policy if the person is eligible for Medicaid. A person other than a federally eligible individual may not apply for an association policy unless the person has applied for Medicaid not more than sixty (60) days before applying for the association policy.

(b) Except as provided in subsection (c), a person is not eligible for an association policy if, at the effective date of coverage, the person has or is eligible for coverage under any insurance plan that equals or exceeds the minimum requirements for accident and sickness insurance policies issued in Indiana as set forth in IC 27. However, an offer of coverage described in IC 27-8-5-2.5(e), ~~or IC 27-8-5-2.7,~~ IC 27-8-5-19.2(e), **or IC 27-8-5-19.3** does not affect an individual's eligibility for an association policy under this subsection. Coverage under any association policy is in excess of, and may not duplicate, coverage under any other form of health insurance.

(c) Except as provided in IC 27-13-16-4 and subsection (a), a person is eligible for an association policy upon a showing that:

(1) the person has been rejected by one (1) carrier for coverage under any insurance plan that equals or exceeds the minimum requirements for accident and sickness insurance policies issued in Indiana, as set forth in IC 27, without material underwriting

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1 restrictions;

2 (2) an insurer has refused to issue insurance except at a rate
3 exceeding the association plan rate; or

4 (3) the person is a federally eligible individual.

5 For the purposes of this subsection, eligibility for Medicare coverage
6 does not disqualify a person who is less than sixty-five (65) years of
7 age from eligibility for an association policy.

8 (d) Coverage under an association policy terminates as follows:

9 (1) On the first date on which an insured is no longer a resident of
10 Indiana.

11 (2) On the date on which an insured requests cancellation of the
12 association policy.

13 (3) On the date of the death of an insured.

14 (4) At the end of the policy period for which the premium has
15 been paid.

16 (5) On the first date on which the insured no longer meets the
17 eligibility requirements under this section.

18 (e) An association policy must provide that coverage of a dependent
19 unmarried child terminates when the child becomes nineteen (19) years
20 of age (or twenty-five (25) years of age if the child is enrolled full-time
21 in an accredited educational institution). The policy must also provide
22 in substance that attainment of the limiting age does not operate to
23 terminate a dependent unmarried child's coverage while the dependent
24 is and continues to be both:

25 (1) incapable of self-sustaining employment by reason of mental
26 retardation or mental or physical disability; and

27 (2) chiefly dependent upon the person in whose name the contract
28 is issued for support and maintenance.

29 However, proof of such incapacity and dependency must be furnished
30 to the carrier within one hundred twenty (120) days of the child's
31 attainment of the limiting age, and subsequently as may be required by
32 the carrier, but not more frequently than annually after the two (2) year
33 period following the child's attainment of the limiting age.

34 (f) An association policy that provides coverage for a family
35 member of the person in whose name the contract is issued must, as to
36 the family member's coverage, also provide that the health insurance
37 benefits applicable for children are payable with respect to a newly
38 born child of the person in whose name the contract is issued from the
39 moment of birth. The coverage for newly born children must consist of
40 coverage of injury or illness, including the necessary care and treatment
41 of medically diagnosed congenital defects and birth abnormalities. If
42 payment of a specific premium is required to provide coverage for the

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child, the contract may require that notification of the birth of a child and payment of the required premium must be furnished to the carrier within thirty-one (31) days after the date of birth in order to have the coverage continued beyond the thirty-one (31) day period.

(g) Except as provided in subsection (h), an association policy may contain provisions under which coverage is excluded during a period of three (3) months following the effective date of coverage as to a given covered individual for preexisting conditions, as long as medical advice or treatment was recommended or received within a period of three (3) months before the effective date of coverage. This subsection may not be construed to prohibit preexisting condition provisions in an insurance policy that are more favorable to the insured.

(h) If a person applies for an association policy within six (6) months after termination of the person's coverage under a health insurance arrangement and the person meets the eligibility requirements of subsection (c), then an association policy may not contain provisions under which:

(1) coverage as to a given individual is delayed to a date after the effective date or excluded from the policy; or

(2) coverage as to a given condition is denied; on the basis of a preexisting health condition. This subsection may not be construed to prohibit preexisting condition provisions in an insurance policy that are more favorable to the insured.

(i) For purposes of this section, coverage under a health insurance arrangement includes, but is not limited to, coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985.

SECTION 4. [EFFECTIVE JULY 1, 2005] IC 27-8-5-2.7 and IC 27-8-5-19.3, both as added by this act, apply to a policy of accident and sickness insurance that is issued, delivered, amended, or renewed after June 30, 2005.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, to which was referred House Bill 1075, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 3, delete "As used in this section, the term "policy of".

Page 1, delete lines 4 through 17.

Page 2, delete lines 1 through 2.

Page 2, line 3, delete "(b)".

Run in page 1, line 3, through page 2, line 3.

Page 3, line 6, delete "(c)" and insert "**(b)**".

Page 3, line 6, delete "(b)," and insert "**(a)**".

and when so amended that said bill do pass.

(Reference is to HB 1075 as introduced.)

RIPLEY, Chair

Committee Vote: yeas 9, nays 2.

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1075 be amended to read as follows:

Page 2, line 34, delete "or".

Page 2, line 35, delete "." and insert "; or

(3) diabetes as required under IC 27-8-14.5."

Page 4, line 10, delete "or".

Page 4, line 11, delete "." and insert "; or

(3) diabetes as required under IC 27-8-14.5."

(Reference is to HB 1075 as printed January 14, 2005.)

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HOUSE MOTION

Mr. Speaker: I move that House Bill 1075 be amended to read as follows:

Page 2, line 31, delete "," and insert ":

(1)".

Page 2, line 34, delete "(1)", begin a new line double block indented and insert:

"(A)".

Page 2, line 35, delete "(2)", begin a new line double block indented and insert:

"(B)".

Page 2, line 35, delete "." and insert "; and

(2) an insurer that issues an individual policy of accident and sickness insurance shall comply with the requirements concerning victims of abuse under IC 27-8-24.3."

Page 4, line 8, delete "," and insert ":

(1)".

Page 4, line 10, delete "(1)", begin a new line double block indented and insert:

"(A)".

Page 4, line 11, delete "(2)", begin a new line double block indented and insert:

"(B)".

Page 4, line 11, delete "." and insert "; and

(2) an insurer that issues a policy described in subsection (a) shall comply with the requirements concerning victims of



abuse under IC 27-8-24.3."

(Reference is to HB 1075 as printed January 14, 2005.)

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